



RECEIVED

MAR 13 2013

March 13, 2013

4597994
OMNIPLUS HEALTH CARE L.P.
2626 SOUTH LOOP WEST STE 555
HOUSTON, TX 77054-2654

RE: Provider Agreement: Retail Network Participation Ineligibility

Dear Pharmacy Provider:

Upon further review of your credentialing, it has been determined that your pharmacy is a mail order pharmacy which will be performing mail order pharmacy fulfillment.

The Provider Agreement (which includes the Provider Manual) states that a pharmacy participating in the CVS Caremark *retail* network is not eligible to participate in such network under the provider agreement if it dispenses more than 25% of its CVS Caremark claims by mail delivery or if it does not operate a duly licensed and established community pharmacy that dispenses and sells prescriptions through in-person hand delivery at the point of sale.

While we appreciate your interest in a Caremark Pharmacy Membership we are unable to enroll your pharmacy in our CVS Caremark retail network at this time.

If you have questions regarding this notification, please call (480) 391-4623, fax to (480) 661-3054 or write to:

Caremark Inc.
Network Management MC129
9501 E. Shea Blvd
Scottsdale, AZ 85260

Thank you,

Provider Enrollment
Retail Services

GOVERNMENT
EXHIBIT
239
4:18-CR-368

WELL: 6 8102/82/20

Caremark Credentialing/Service Level Worksheet

Please complete this form and return to Caremark with your signed Provider Agreement

NPI #: 1316006731

NCPDP #: 4597994

Pharmacy/Corp Name: OMNIPUS HEALTH CARE	Pharmacy Name (DBA): NA
Physical Address: 2626 SOUTH LOOP WEST, STE 588	Mailing Address: 2626 SOUTH LOOP WEST, STE 588
City: HOUSTON ST: TX ZIP: 77054	City: HOUSTON ST: TX ZIP: 77054
Email Address: omnipushealthcare@gmail.com	Website: www.omnipushealthcare.com
Phone: 713-790-1010	TTY/TDD: [] [] [] [] [] [] [] [] [] []
Fax: 713-637-4576	Toll Free: 855-325-1931

In order to participate in Caremark programs, you are required to submit claims using approved and certified software.

Software Vendor Name: PK Phone: 800-331-2498

Software ID# (10 digits): D01 2000114 Website: www.pccarx.com

Drug Enforcement Administration (DEA) #

304771590 - Copy Required

State Board of Pharmacy License #: 10956

** Copy Required**

State Medicaid #: NA

(Required for some plans)

Federal Tax Identification (FEIN) #:

80-0003279

Insurer Name: AMERICA FIRST

Insurance Policy #: BOP 8027772

** Policy Copy Required including levels of Coverage**
\$ 1 million per occurrence & \$ 3 million general aggregate**Provider has a current valid permit and is conducted as a:**

- ☐ Dispensing Physician
☐ Corporation
☒ Partnership (** Attach member list)
☐ Limited Liability Company (** Attach member list)
☐ Sole Proprietorship
 If Sole Proprietorship:
 Name of Owner: _____

Is the owner a licensed Pharmacist? ☐ Yes ☒ No**Has the Pharmacy undergone a change of ownership?**☐ Yes ☒ No**Does this pharmacy fill prescription claims under multiple**NCPDP#/NPI#s? ☐ Yes ☒ No**If yes, please list:**

NCPDP #: [] [] [] [] [] [] [] [] [] []

NCPDP #: [] [] [] [] [] [] [] [] [] []

Service Questions (REQUIRED):

Service information may be used to create patient member directories. Please notify Caremark of any changes to the services provided.

Does your pharmacy participate with the Institute for Safe Medication Practices self assessment process (www.ISMP.org)?

☐ Yes ☒ No

Are you interested in receiving an Electronic 835 remittance advice?

☒ Yes ☐ No

Is 25% or more of your business Mail Order?

☒ Yes ☐ No

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Disciplinary History:

If "YES" to any of the following questions, please explain in a separate document and supply to Caremark.

Has this pharmacy or any of its present owners, officers, or employees ever been denied a pharmacy license or permit or any other type of license or permit applicable to your operations in any state, or had its license or permit revoked or suspended?

☐ Yes ☒ No

Has this pharmacy or any of its present owners, officers, or employees ever been convicted of violating State or Federal drug or healthcare regulations or any other laws or regulations applicable to your operations?

☐ Yes ☒ No

Has the pharmacy ever been the subject of disciplinary action or debarred in front of a state pharmacy board or any other governmental board or agency applicable to your operations?

☒ Yes ☐ No

Is Your Pharmacy License, or that of your employees, not currently active and not in good standing?

☐ Yes ☒ No

Initial

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02-16-2012

0900/6000

02/28/2013 09:41 FAX

GX239.002

DOJ_18CR368-0187778

WHL: 6 8102/82/20
Caremark Credentialing/Service Level Worksheet – Continued

Access

- ☐ Open 24 hours/day ☐ Open 7 days/week ☐ Drive-thru window ☐ After hours/emergency RX service
☐ Closed door/Not open to the public

Hours of Operation:

If your Pharmacy is NOT open 24 hours/seven days a week, please list your store hours below.

		OPENING HOURS				CLOSING HOURS			
Monday	<input type="checkbox"/> Closed	09	:00	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	05	:00	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM
Tuesday	<input type="checkbox"/> Closed	09	:00	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	05	:00	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM
Wednesday	<input type="checkbox"/> Closed	09	:00	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	05	:00	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM
Thursday	<input type="checkbox"/> Closed	09	:00	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	05	:00	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM
Friday	<input type="checkbox"/> Closed	09	:00	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	05	:00	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM
Saturday	<input type="checkbox"/> Closed		:				:		
Sunday	<input type="checkbox"/> Closed		:				:		

Delivery

- ☒ Free Delivery ☐ Free Delivery w/ Limitations ☐ Delivery – Charges Apply

Durable Medical Equipment

- ☒ Limited ☐ Full-line

Patient Consultation

- ☒ Written material available for each Rx ☒ Counseling of all meds patient is taking ☒ Compliance monitoring

340B Status (REQUIRED)

- Does your pharmacy dispense 340B acquired drugs? ☐ Yes ☒ No
 Is your pharmacy owned by or part of a 340B covered entity? ☐ Yes ☒ No
 Is your pharmacy a contract pharmacy for a 340B covered entity or covered entities? ☐ Yes ☒ No

Service

- ☒ Specialty Pharmacy ☐ Blood Pressure Screening ☐ Health Screening ☐ Disease State Management
☒ Infusion Therapy ☐ Vision Services ☒ Compounding ☐ Auto Refill Reminder
☐ Long Term Care Pharmacy ☐ On-Site Clinics

Pharmacy Ownership (Choose ALL that apply):

- ☒ Male ☐ Female
☐ African American ☐ Asian / Pacific Island American ☒ Caucasian ☐ Hispanic American
☐ Native American/Alaskan ☐ Veteran ☐ Disabled Veteran ☐ Disabled Business Enterprise
☐ Disadvantaged Business Enterprise ☐ HUBZone Business Enterprise ☐ Other: _____

Languages – (Choose ALL that apply):

	Spoken	Printed On Label		Spoken	Printed On Label
English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Japanese	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	Korean	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Russian	<input checked="" type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	Spanish	<input checked="" type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Braille	N/A	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	American Sign Language	<input type="checkbox"/>	N/A

Other: SERBIAN, CROATIAN

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By: X V. Redko
 Signature of Owner/Corporate Officer or Letter of Authorization Must Accompany

VLADIMIR REDKO, M.D.
 Printed Name & Title

2, 6, 13
 Date Signed